IPDR6702 RUN DATE	: 03/18/2007		IP	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT		PAG	E: 1	
				CHECKWRITE DATE: 03/20/2007			-	
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
		0.0	24.2					
3404901	SMOKY MOUNTAINM H/DD/SAS	21	319	DUPLICATE OF CLAIM-SYSTEM				
	11/20/040							
		8599	225	DETAIL NOT COVERED BY COMBINAT		737	920	183
				ION OF RECIPIENT, PROVIDER AND		737	920	183
				BENEFIT PACKAGE.				
		8505	75	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	8533	84	SERVICE FACILITY LOCATION CANN				
	DS LME			OT BE AN ATTENDING PROVIDER  IDENTIFIED AS AN INDIVIDUAL.				
				IDENTIFIED AS AN INDIVIDUAL.				
		8534	68	SERVICE FACILITY LOCATION IS N	0	415	4308	3893
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		7001	58	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404910	PATHWAYS	11	261	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0500						
	+	8599	184	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	23	581	5025	4444
				BENEFIT PACKAGE.				
		142	31	CLATING TO MUNICIPAL MORE ON CONTROL				
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404912		8599	45	DETAIL NOT COVERED BY COMBINAT				
3101912	CATAWBA COUNTYM ENTAL HEALT	0399	13	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	8	CLIENT ID NUMBER DOES NOT MATC				
		171		H PATIENT NAME	4	64	1889	1825
		8537	4	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404913	MECKLENBURG COM	11	2968	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8505	768	CLAIM DENIED DUE TO INSUFFICIE	29	4384	5010	626
				NT BUDGET				
		79	184	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA	8505	61	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		79	30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	121	2019	1898
				PROVIDER TYPE AND SPECIALTY IN				
		1500	11					
	+	1588	11	CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY				
				ANOTHER PROVIDER FOR THIS DATE				
3404917		8505	2386	CLAIM DENIED DUE TO INSUFFICIE				
J10191/	CENTERPOINT HUM AN SERVICES	3303	2300	NT BUDGET				
	+	21	514	DUPLICATE OF CLAIM-SYSTEM		205-	***	040-
					15	3076	6256	3180
-								
		1	38	THIS SERVICE IS NOT PAYABLE TO				
		79						
		79		YOUR SUBMITTED BILLING				
		79		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404919	GUILFORD CO MEN	79 8599	95					
3404919	GUILFORD CO MEN TAL HEALTHC		95	PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
3404919			95	PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT				
3404919			95	PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	260	6477	6217
3404919		8599		PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT	0	260	6477	6217
3404919		8599		PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP	0	260	6477	6217
3404919		8599		PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT	0	260	6477	6217

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8505	3022	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		11	390	CLIENT NOT ELIGIBLE ON SERVICE	0	3774	5093	1319
				DATE			3333	
		21	184	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	5312	1349	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		0505	220	GLATH DENTED DVID TO THOUSENED OF D				
		8505	338	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4	2738	5051	2313
		0.500						
		8599	280	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8505	2633	CLAIM DENIED DUE TO INSUFFICIE				
	ER		<del> </del>	NT BUDGET				-
		8800	356	FURTHER PROCESSING NECESSARY,	28	3209	6784	3575
	1			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	+	1		AND MA				
		8599	99	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	+		<del> </del>	BENEFIT PACKAGE.				-
3404923	FIVE COUNTY MH	11	84	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		3411	17	PROVIDER TYPE AND SPECIALTY 07	0	172	2847	2675
				4/113 CANNOT BILL ENHANCED		1/2	2017	2073
				BENEFIT SERVICES ON OR AFTER D				
		191	17	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
2404025		0505	1004	OVER DESIGNATION DATE TO ANOTHER OVER				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1004	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	K FOR MIN/DD							
		21	212	DUPLICATE OF CLAIM-SYSTEM	8	1519	4852	3333
		8599	129	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8518	968					
			300	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL		300	FILING TIMELIMIT. PRIOR				
	G MENTAL HL		900					
	G MENTAL HL	8599	162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT	2	1588	7035	5447
	G MENTAL HL	8599		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	2	1588	7035	5447
	G MENTAL HL	8599		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT	2	1588	7035	5447
	G MENTAL HL	8599		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	2	1588	7035	5447
	G MENTAL HL		162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1588	7035	5447
	G MENTAL HL		162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1588	7035	5447
3404927		21	162	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM	2	1588	7035	5447
3404927	G MENTAL HL  CUMBERLAND CO M  RC		162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1588	7035	5447
3404927	CUMBERLAND CO M	21	162	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT	2	1588	7035	5447
3404927	CUMBERLAND CO M	21 8599	114	FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	2			
3404927	CUMBERLAND CO M	21	162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1588	7035	
3404927	CUMBERLAND CO M	21 8599	114	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	2			
3404927	CUMBERLAND CO M	8599 8505	114	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  DOT OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DERIED DUE TO INSUFFICIE  NT BUDGET	2			
3404927	CUMBERLAND CO M	21 8599	114	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	2			
3404927	CUMBERLAND CO M	8599 8505	114	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  DOT OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DERIED DUE TO INSUFFICIE  NT BUDGET	0			
	CUMBERLAND CO M	8599 8505	162	FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM	2			
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505	114	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  DUPLICATE OF CLAIM-SYSTEM	2			
	CUMBERLAND CO M	8599 8505	162	FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT				
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505	162	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET  DUPLICATE OF CLAIM-SYSTEM	2			
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505	162	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE MY BUDGET  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F	2			514
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505 21 21	162 114 48 41 5	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  BETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,	0	105	619	514
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505 21 21	162 114 48 41 5	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE MY BUDGET  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F	0	105	619	514
3404927	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505 21 21	162 114 48 41 5	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  BETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  DETAIL NOT COVERED BY COMBINAT	0	105	619	514
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505 21 21	162 114 48 41 55 97	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NIT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F  GR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	105	619	514
	CUMBERLAND CO M NC  JOHNSTON COUNTY	8599 8505 21 21	162 114 48 41 55 97	FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  BETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  DETAIL NOT COVERED BY COMBINAT	0	105	619	514

PROVIDER NUMBER PROVIDER NAME EOBS DENIALS DESCRIPTION DENIALS  3404931 WAKE CO HUM SVC 21 34 DUPLICATE OF CLAIM-SYSTEM  811LING OF DETAIL NOT COVERED BY COMBINAT OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  8599 29 DETAIL NOT COVERED BY COMBINAT OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  8534 26 SERVICE FACILITY LOCATION IS NOT A VALID IPPS ATTENDED PROVIDER FOR SERVICE INVALID FOR PROVIDER PLACES WERE FOR THE FEW SERVICE INVALID FOR CLIENT AGE. VERIFY THE FOR DIAGNOSTS OR SERVICE INVALID FOR CLIENT AGE. VERIFY CLIP, DIAGNOSTS, PROCEDURE CODE FOR DIAGNOSTS, PROCEDURE CODE FOR DIAGNOSTS, PROVIDER AND BENEFIT PACKAGE.  8599 62 DETAIL NOT COVERED BY COMBINAT OF SERVICE INVALID FOR CLIENT AGE. VERIFY CLIP, DIAGNOSTS, PROVIDER AND BENEFIT PACKAGE.  8597 7 PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER AND SERVICE INVALID FOR CLIPTURE, PROVIDER AND SERVICE IN STANDARD SERVICE IN STANDARD SERVICE INVALID FOR CLIPTURE, PROVIDER AND SERVICE INVALID FOR CLIPTURE, PROV	TOTAL DENIALS  122		TOTAL CLAIMS PAID
NUMBER PROVIDER NAME CO HIM SVC 21 34 DUBLICATE OF CLAIM-SYSTEM  BILLING OF COUNTY OF RECIPIENT, PROVIDER AND SERVICE HYDROLD FOR A VALID IPRA ATTENDING PROVIDER AND SERVICE HYDROLD FOR A VARIENCE OF CLAIM-SYSTEM  8599 29 DETAIL NOT COVERED BY COMBINAT OF RECIPIENT, PROVIDER AND SERVET PACKAGE.  8534 26 SERVICE PACKAGE.  8534 26 SERVICE PACKAGE.  8534 26 SERVICE PACKAGE.  8590 63 DELANGOSIS OR SERVICE INVALID F PROVIDER, PLEASE VERIFY THE F  8404933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F R FOR MI/DD CREATED FOR COUNTY OF RECIPIENT, PROVIDER AND SERVICE INVALID F 100 OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR COUNTY OF RECIPIENT, PROVIDER AND SERVICE INVALID F 100 OR PROVIDER TO RECIPIENT, PROVIDER AND SERVICE INVALID F 100 OR PROVIDER TYPE AND SERVICE IN OUR PROVIDER TYPE AND SERVICE IN OUR PROVIDER TYPE AND SERVICE IN OUR PROVIDER TYPE AND SERVICE IN ACCORDANCE TO MEN	DENTALS	FINALIZED	PAID
3404931 MAKE CO HUM SVC 21 34 DUPLICATE OF CLAIM-SYSTEM  8599 29 DETAIL NOT COVERED BY COMBINAT 0 10N OF RECIPIENT, PROVIDER AND 8534 26 SERVICE FACILITY LOCATION IS N 07 A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F 1404933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F 1507 OR CLIENT AGE, VERIFY CID, 0 1507 OR CLIENT AGE, VERIFY CID, 0 1508 OF RECIPIENT, PROVIDER AND 1508 OF RECIPIENT, PROVIDER A	122		
BILLING OF  BILLING OF  BILLING OF  BILLING OF  BILLING OF  BISSP  29 DETAIL NOT COVERED BY COMBINAT  108 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8534  26 SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  PROVIDER, PLEASE VERIFY THE F  3484933 SOUTHEASTERN CT  10 63 DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  BILLING OF RECIPIENT, PROVIDER AND  CONTRACTOR OF RECIPIENT OF  BILLING OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8599  62 DETAIL NOT COVERED BY COMBINAT  OR GENEFIT PACKAGE.  8537  27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALTY IN ACCORDANCE TO MEN		803	683
BILLING OF  8599 29 DETAIL NOT COVERED BY COMBINAT 108 OF RECIPIENT, PROVIDER AND 8EMERIT PACKAGE.  8534 26 SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  3404933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 8599 62 DETAIL NOT COVERED BY COMBINAT 0 GREFIT PACKAGE.  8599 62 DETAIL NOT COVERED BY COMBINAT 0 GREFIT PACKAGE.  8599 63 DETAIL NOT COVERED BY COMBINAT 0 GREFIT PACKAGE.  8597 7 PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND SPECIALITY IN ACCORDANCE TO MEN		803	683
8599 29 DETAIL NOT COVERED BY COMBINAT  108 OF RECIPIENT, PROVIDER AND  8534 26 SERVICE FACILITY LOCATION IS N  OT A VALID TERS ATTENDING  PROVIDER, PLEASE VERIFY THE F  3404933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  R FOR MM/DD OR CLIENT AGE, VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  8599 62 DETAIL NOT COVERED BY COMBINAT  108 OF RECIPIENT, PROVIDER AND  8597 27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  8597 27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALTY IN ACCORDANCE TO MEN		803	681
SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  FOR MMI/DD COVERED BY COMBINAT 0  8599 62 DETAIL NOT COVERED BY COMBINAT 0  8597 77 PROCEDURE IS NOT PAVABLE FOR Y  9837 27 PROCEDURE IS NOT PAVABLE FOR Y  98597 27 OUR PROVIDER AND SERVICE INVALID F  98597 39 SERVICE INVALID F  98599 62 DETAIL NOT COVERED BY COMBINAT 0  98599 63 DETAIL NOT COVERED BY COMBINAT 0  98597 30 SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 OUR PROVIDER AND SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 OUR PROVIDER AND SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 SERVICE INVALID F  98597 32 SERVICE INVALID F  98597 32 SERVICE INVALID F  98597 33 SERVICE INVALID F  98597 30 SERVICE INVALID F  98598 30 SERVICE IN		803	681
SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  FOR MMI/DD COVERED BY COMBINAT 0  8599 62 DETAIL NOT COVERED BY COMBINAT 0  8597 77 PROCEDURE IS NOT PAVABLE FOR Y  9837 27 PROCEDURE IS NOT PAVABLE FOR Y  98597 27 OUR PROVIDER AND SERVICE INVALID F  98597 39 SERVICE INVALID F  98599 62 DETAIL NOT COVERED BY COMBINAT 0  98599 63 DETAIL NOT COVERED BY COMBINAT 0  98597 30 SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 OUR PROVIDER AND SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 OUR PROVIDER AND SERVICE INVALID F  98597 30 SERVICE INVALID F  98597 31 SERVICE INVALID F  98597 32 SERVICE INVALID F  98597 32 SERVICE INVALID F  98597 33 SERVICE INVALID F  98597 30 SERVICE INVALID F  98598 30 SERVICE IN		803	681
REMEPIT PACKAGE.  8534  26 SERVICE FACILITY LOCATION IS N  OT A VALID IFRS ATTRINING  PROVIDER. PLEASE VERIFY THE F  3404933 SOUTHEASTERN CT  10 63 DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  8599  62 DETAIL NOT COVERED BY COMBINAT  OR SERVICE INVALID F  BEREFIT PACKAGE.  8537  27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALITY IN ACCORDANCE TO MEN	196		
8534 26 SERVICE FACILITY LOCATION IS N  OT A VALID IPRS ATTENDING  PROVIDER. PLEASE VERIFY THE F  3404933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  R FOR MMI/DD OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  8599 62 DETAIL NOT COVERED BY COMBINAT  ON COVERED BY COMBINAT  ON COVERED BY COMBINAT  ON SERVICE IN NOT PAYABLE FOR Y  OUR PROVIDER IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALITY IN ACCORDANCE TO MEN	) 196		
OT A VALID IPRS ATTENDING  PROVIDER. PLEASE VERIFY THE F  AA04933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  DIAGNOSIS, PROCEDURE CODE FOR  SEPTION OF RECIPIENT, PROVIDER AND SERVEIT PACKAGE.  8537 27 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	196		
OT A VALID IPRS ATTENDING  PROVIDER. PLEASE VERIFY THE F  AA04933 SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  DIAGNOSIS, PROCEDURE CODE FOR  SEPTION OF RECIPIENT, PROVIDER AND SERVEIT PACKAGE.  8537 27 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	196		
SOUTHEASTERN CT 10 63 DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  8599 62 DETAIL NOT COVERED BY COMBINAT ON OF RECIPIENT, PROVIDER AND BENERIT PACKAGE.  8537 27 PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	) 196		
R FOR MHI/DD  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  8599  62  DETAIL NOT COVERED BY COMBINAT  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8537  27  PROCEDURE IS NOT PAVABLE FOR Y  OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	) 196		
R FOR MHI/DD  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  8599  62  DETAIL NOT COVERED BY COMBINAT  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8537  27  PROCEDURE IS NOT PAVABLE FOR Y  OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	) 196		
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8599 62 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8537 27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALTY IN ACCORDANCE TO MEN	196		
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BENEFIT PACKAGE.  8537 27 PROCEDURE IS NOT PAYABLE FOR Y  OUR PROVIDER TYPE AND  SPECIALTY IN ACCORDANCE TO MEN		1700	1370
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	+		
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN			
SPECIALTY IN ACCORDANCE TO MEN			
12404024	<u> </u>	<b></b>	
3404934 ONSLOW CAPTERET 8535 235 SERVICE FACILITY LOCATION WAS  BENNAL MEAL. NOT SUBMITTED ON THIS CLAIM.		<del>                                     </del>	
BEHAV HEAL NOT SUBMITTED ON THIS CLAIM.  PLEASE RESUBMIT THE CLAIM WITH	+	₩	
TABLE AND CONTRACT	+	<del>                                     </del>	
8599 225 DETAIL NOT COVERED BY COMBINAT 4	4 814	2626	1812
ION OF RECIPIENT, PROVIDER AND	014	2020	
BENEFIT PACKAGE.	1		
	<u> </u>		
4102 156 YOU ARE ATTEMPTING TO ADJUST A			
CLAIM THAT IS EITHER NOT			
FOUND ON OUR FILE OR IS NOT FO			
3404935 NAYNE CO MENTAL 0 0 *** NO DATA TO REPORT ***			
HEALTH CTR			
	0 0	0	
	, ,		
3404936 WILSON-GREENE M 8505 268 CLAIM DENIED DUE TO INSUFFICIE			
ENTAL HEALT NT BUDGET			
79 5 THIS SERVICE IS NOT PAYABLE TO 0	273	2021	1748
YOUR SUBMITTED BILLING			
PROVIDER TYPE AND SPECIALTY IN			
3404937 EDGECOMBE NACH 8599 87 DETAIL NOT COVERED BY COMBINAT			
STATE NOT COVERED BY COMBINAT   STATE NOT COVERED BY COMBINAT			
BENEFIT PACKAGE.	+		
21 14 DUPLICATE OF CLAIM-SYSTEM 0	107	1498	1391
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8518 6 CLAIM DENIED, SUBMITTED BEYOND			
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FILING TIMELIMIT. FRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N			
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FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  AM04939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IFRS ATTENDING  PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  0  8599 6 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404941 PITT CO MEL/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN	877	1327	
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER 0TA VALID IRSE ATTENDING  FROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM 0  8599 6 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404941 PITT CO MEI/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN	877	1327	
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FILING TIMELIMIT. PRIOR FIGCAL YEAR DOS (JULY 1 - JUNE  83404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER 0 TO A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM 0  8559 6 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND SERVET PACKAGE.  3404941 PITT CO MH/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS CENTER VALUE AS A NEW CLAIM	877		
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  AND SERVICE FACILITY LOCATION IS N  SERVICE FACILITY LOCATION IS N  OT A VALID IPRS ATTENDING  PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  0 DETAIL NOT COVERED BY COMBINAT  10 ION OF RECIPIENT, PROVIDER AND  11 SEMEFIT PACKAGE.  3404941 PITT CO MEI/DD/S  120 18 CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM			450
FILING TIMELIMIT. PRIOR  FISCAL PEAR DOS (JULY 1 - JUNE  8534  830  SERVICE FACILITY LOCATION IS N  OT A VALID IPRS ATTENDING  ALTH CENTER  21  27  DUPLICATE OF CLAIM-SYSTEM  8599  6 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  SERVET PACKAGE.  3404941  PITT CO MH/DD/S  120  18  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS CENTER  VALID. ENTER CID AND SUBMIT			450
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  7 A VALID IFRS ATTRONING  PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  85599 6 DETAIL NOT COVERED BY COMBINAT  108 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 14 CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CLIAIM  AS A ENTER  143 14 CLIENT ID NUMBER NOT ON STATE  0  ELIGIBILITY FILE			450
FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IRRS ATTENDING PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  0 BETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404941 PITT CO MMI/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN AS CENTER  AS A NEW CLAIM  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  150 SLIGIBILITY FILE  17001 14 EXCEEDS THE ONE PER DAY LIMITA			450
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FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IRRS ATTENDING PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  0 BETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404941 PITT CO MMI/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN AS CENTER  AS A NEW CLAIM  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  150 SLIGIBILITY FILE  17001 14 EXCEEDS THE ONE PER DAY LIMITA			450
FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  0 TA VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  0 BENEFIT PACKAGE.  10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404941 PITT CO MM/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN  AS CENTER  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  15 SLIGIBILITY FILE  17 ON1 14 EXCREDE THE ONE PER DAY LIMITA  17 TION			450
FILING TIMELINIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  FISCAL YEAR DOS (JULY 1 - JUNE  ALTH CENTER  8534  830  SERVICE FACILITY LOCATION IS N  OT A VALID IFRS ATTRONING  PROVIDER. PLEASE VERIFY THE F  21  27  DUPLICATE OF CLAIM-SYSTEM  0  8559  6  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  140  141  143  14 CLIENT ID NUMBER NISSING OR IN  VALID. ENTER CLIAIM  AS A NEW CLAIM  143  144  CLIENT ID NUMBER NOT ON STATE  0  ELIGIBILITY FILE  7001  14 EXCEEDS THE ONE PER DAY LIMITA  TION  7001  14 EXCEEDS THE ONE PER DAY LIMITA  TION  7001  14 EXCEEDS THE ONE PER DAY			450
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION IS N  ALTH CENTER  FROVIDER. FLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  6599 6 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  101 JAN CLEENT ID NUMBER MISSING OR IN  VALID. ENTER CLIAN SUBMIT  AS CENTER  AS A NECLAIM  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  150 CLIENT ID NUMBER NOT ON STATE  161 CLIENT ID NUMBER NOT ON STATE  162 CLIENT ID NUMBER NOT ON STATE  163 CLIENT ID NUMBER NOT ON STATE  163 CLIENT ID NUMBER NOT ON STATE  164 CLIENT ID NUMBER NOT ON STATE  165 CLIENT ID NUMBER NOT ON STATE  166 CLIENT ID NUMBER NOT ON STATE  167 CLIENT ID NUMBER NOT ON STATE  168 CLIENT ID NUMBER NOT ON STATE  169 CLIENT ID NUMBER NOT ON STATE  160 CLIENT ID NUMBER NOT ON STATE  160 CLIENT ID NUMBER NOT ON STATE  160 CLIENT ID NUMBER NOT ON STATE  161 CLIENT ID NUMBER NOT ON STATE  161 CLIENT ID NUMBER NOT ON STATE  161 CLIENT ID NUMBER NOT ON STATE  162 CLIENT ID NUMBER NOT ON STATE  163 CLIENT ID NUMBER NOT ON STATE  163 CLIENT ID NUMBER NOT ON STATE  164 CLIENT ID NUMBER NOT ON STATE  165 CLIENT ID NUMBER NOT ON STATE  165 CLIENT ID NUMBER NOT ON STATE  167 CLIENT ID NUMBER NOT ON STATE  168 CLIENT ID NUMBER NOT ON STATE  169 CLIENT ID NUMBER NOT ON STATE  160 CLIENT ID NUMBER NOT ON STATE  161 CLIENT ID NUMBER N			450
FILING TIMELINIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  AND SERVICE FACILITY LOCATION IS N  SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IPER ATTRONING  PROVIDER. PLEASE VERIFY THE F  SERVICE FACILITY LOCATION IS N  OT A VALID IPER ATTRONING  OUT OF CLAIM-SYSTEM  OUT OF CLAIM-SYSTEM  OUT OF CLAIM-SYSTEM  OUT OF RECIPIENT, PROVIDER AND  SENEPIT PACKAGE.  SERVER  AS A NEW CLAIM  AS CENTER  AS A NEW CLAIM  OUT			450
FILING TIMELINIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  AND SERVICE FACILITY LOCATION IS N  SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IPER ATTRONING  PROVIDER. PLEASE VERIFY THE F  SERVICE FACILITY LOCATION IS N  OT A VALID IPER ATTRONING  OUT OF CLAIM-SYSTEM  OUT OF CLAIM-SYSTEM  OUT OF CLAIM-SYSTEM  OUT OF RECIPIENT, PROVIDER AND  SENEPIT PACKAGE.  SERVER  AS A NEW CLAIM  AS CENTER  AS A NEW CLAIM  OUT	79	1559	14800
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  PISCAL YEAR DOS (JULY 1 - JUNE  ALTH CENTER  BESSA BS30 SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IPES ATRINDING  PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM  BESSA BS99 6 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143 LIETT LO NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS CENTER  AS A NEW CLAIM  143 LIETT IN NUMBER NOT ON STATE  ELIGIBILITY FILE  144 EXCEEDS THE ONE PER DAY LIMITA  TION  7001 LIETT SION  140 EXCEPTION OF PER DAY LIMITA  TION  140 NUMBER NOT ON STATE  151 SECRET ON PER DAY LIMITA  TION  151 STRONG PER DAY  151 SECRET ON PER DAY  152 SECRET ON PER DAY  153 SERVICE  154 SECRET ON PER DAY  155 SERVICE  155 SERVICE ON PER DAY  156 SERVICE  156 SERVICE ON PER DAY  157 SERVICE  157 SERVICE  158 SERVICE ON PER DAY  158 SERVICE ON PER DAY  158 SERVICE ON PER DAY  159 SERVICE  157 SERVICE  158 SERVICE ON PER DAY  158 SERVICE ON PER DAY  159 SERVICE  157 SERVICE  158 SERVICE ON PER DAY  158 SERVICE ON PER DAY  158 SERVICE ON PER DAY  159 SERVICE  158 SERVICE ON PER DAY  159 SERVICE  158 SERVICE ON PER DAY  159 SERVICE  159 SERVICE  150 SERVIC		1559	450
	79	1559	14800
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  A1404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  OT A VALID IPRS ATTRONING  PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OP CLAIM-SYSTEM  0  85599 6 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  140 VALID. ENTER CID AND SUBMIT  AS CENTER  AS A NEW CLAIM  143 14 CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  1443 14 CLIENT ID NUMBER NOT ON STATE  151 SLIGIBILITY FILE  160 SLIGIBILITY FILE  17001 14 EXCREDS THE ONE PER DAY LIMITA  TION  17001 14 EXCREDS THE ONE PER DAY LIMITA  TION  17001 VALID. EACH CORRECT THE  17002 APPROVAL. PLEASE CORRECT THE  17003 APPROVAL. PLEASE CORRECT THE  17004 FILING TIMELIMIT. PRIOR	79	1559	14800
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  A1404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  ALTH CENTER  21 27 DUPLICATE OF CLAIM-SYSTEM  8599 6 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88599 6 DETAIL NOT COVERED BY COMBINAT  100 OF RECIPIENT, PROVIDER AND  88589 18 CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS CENTER  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  150 ELIGIBILITY FILE  7001 14 EXCEEDS THE ONE PER DAY LIMITA  TION  3404942 SOANOCE CHOMANH 8554 14 ONLY 16 UNITS ALLOWED FER DAY  UNAN SERVIC  8518 2 CLIAM DENIED, SUBMITT DEFOND  2 THIS SERVICE IS NOT PAYABLE TO	79	1559	14800
FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  3404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER 0T A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  21 27 DUPLICATE OF CLAIM-SYSTEM 0  8599 6 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404941 PITT CO MMI/DD/S 120 18 CLIENT ID NUMBER MISSING OR IN AS CENTER VALID. ENTER CID AND SUBMIT AS CENTER AS A NEW CLAIM 143 14 CLIENT ID NUMBER NOT ON STATE 143 14 CLIENT ID NUMBER NOT ON STATE 15 LIGIBILITY FILE 16 TOOM 17 ONLY 16 UNITS ALLOWED PER DAY LIMITA 17 TION  3404942 ROANOKE CHUMANH 8654 14 ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 18 STAR VALUE OF CLAIM SUBMITTED BELIGIBLITY. PRIOR PISCAL YEAR DOS (JULY 1 - JUNE PISCAL YEAR DOS (JULY 1 - JUNE 2 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	79	1559	14800
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  A404939 NEUSE MENTAL HE 8534 830 SERVICE FACILITY LOCATION IS N  ALTH CENTER  ALTH CENTER  21 27 DUPLICATE OF CLAIM-SYSTEM  8599 6 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  88599 6 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  88597 18 CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS CENTER  AS A NAW CLAIM  143 14 CLIENT ID NUMBER NOT ON STATE  143 14 CLIENT ID NUMBER NOT ON STATE  21 27 COMMAN SERVIC  22 CLIENT ID NUMBER DAY LIMITA  TION  3404941 PITT CO MRI/DD/S  48 CLIENT ID NUMBER NOT ON STATE  49 CLIENT ID NUMBER NOT ON STATE  40 CLIENT ID NUMBER NOT ON STATE  40 CLIENT ID NUMBER DAY LIMITA  TION  5404942 ROANOKE CHOMANH 8554 14 ONLY 16 UNITS ALLOWED PER DAY  UMAN SERVIC  48518 2 CLIAM DENIED, SUBMIT DERVOND  49 FILING TIMELIMIT. PRIOR  4876VAL. PLEASE CORRECT THE  48518 2 CLIAM DENIED, SUBMIT DERVOND  40 FISCAL YEAR DOS (JULY 1 - JUNE  41 FILING TIMELIMIT. PRIOR  41 FILING TIMELIMIT. PRIOR  42 THIS SERVICE IS NOT PAYABLE TO	79	1559	14800

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	15	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	D READIR CE							
	_							
	_	79	13	THIS SERVICE IS NOT PAYABLE TO				
			1.5	YOUR SUBMITTED BILLING		6 72	615	543
				PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALITY IN				
		191	10	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	191	3	CLIENT ID NUMBER DOES NOT MATC				
	N SERVICES			H PATIENT NAME				
		8536	1	ATTENDING PROVIDER TYPE AND SP		1 10	449	439
				ECIALTY COMBINATION IS NOT				100
				VALID FOR SUBMITTED BILLING PR				
					+	1		
		8564	1	SERVICE EXCEEDS THE ALLOWABLE				
	_			OF ONE OCCURRENCE WITHIN AN				
	_			ELIGIBILITY PERIOD.				
				BBIGIBIBITI TBRIOD.				
3404946		11	244	CLIENT NOT ELIGIBLE ON SERVICE				
3101910	FOOTHILLS AREAM	11	211	DATE				
	ENTAL HEALT			DATE				
		8950	23	CLIENT ONLY ENROLLED IN TRACKI		0 307	1988	1681
				NG POP GROUP. MUST ALSO BE				
				ENROLLED IN A FUNDED POP GROUP				
		8599	21	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8505	73	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
	MADIN CIK				_			
		8599	30	DETAIL NOT COVERED BY COMBINAT		6 170	1404	1004
				ION OF RECIPIENT, PROVIDER AND	+	170	1404	1234
				BENEFIT PACKAGE.				-
				DANIEL LA LINCONGE.				
	+	0000	20	THOMAS PROGRAMA VIII		1		
		8800	28	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	21	8	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SA PRO					1		
		8534	6	SERVICE FACILITY LOCATION IS N		0 24	103	79
				OT A VALID IPRS ATTENDING	+		103	
				PROVIDER. PLEASE VERIFY THE F				
		8599	5	DETAIL NOT COVERED BY COMBINAT	+			
		0.555	7	ION OF RECIPIENT, PROVIDER AND				
	1	1	1	BENEFIT PACKAGE.	1	1	1	1